

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR

Highland Production Company

3. ADDRESS OF OPERATOR 79761

810 N. Dixie Blvd., Suite 202, Odessa, Texas

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990' FSL and 1662' FEL

AT TOP PROD. INTERVAL: 990' FSL and 1662' FEL

AT TOTAL DEPTH: 990' FSL and 1662' FEL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) Completion information

5. LEASE

LC-068281-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Conoco Federal

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

East Mason (Delaware)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 19, T-26-S.

R-32-E, NMMPM

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

30-025-30135

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3173.425 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

12/18/37 Spud 8:30 P.M.

12/20/37 Set 1220' & 5/8" 24# J-55 ST&C Casing. Cemented with 200 Sacks Halliburton C, w/2% Calcuem Chloride. 450 Sacks Halliburton Lite w/Floecel Mix (1/2# per sack). Circulated to surface.

12/24/37 Set 4284' 5 1/2" LT&C API LVT Casing with 550 Sacks Halliburton Lite 5# Salt, 1/2# Floecel and 250 Sacks POZ 2% Gel 3# Salt. Circulate to surface.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

President

DATE

March 28, 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 27 1988
OCD
HOBBS OFFICE